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LECTURE II.—INFLAMMATION.

ITS PATHOLOGY AND RATIONAL TREATMENT.

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Gentlemen: THE reasons for calling your early attention to the process of inflammation, are obvious. Few, if any of the surgical diseases which affect the human body, run their course without presenting, at some period of their development, the phenomena to which that name is given.

It follows, that we have to deal with them more frequently than with any others, and that a timely acquaintance with them will open to us a vast field of information, which will greatly facilitate subsequent inquiries.

Without losing time over the hackneyed etymology of the term "Inflammation," let us define it as "*the series of changes that any injury determines upon the living tissues.*"

As all departures from the healthy state are first cognizable by their symptoms, and as these lead to etiological investigations, symptoms and etiology to pathological researches, and the combined inductions of these three *data* to rational treatment, we will endeavor to act upon the same plan, and study symptoms first, etiology next, pathology third, and treatment last.

SYMPTOMS.

Clinically considered, gentlemen, a part is said to be *inflamed* when it is *red, swollen, hot* and *painful*.

Let us review these conditions separately, in order to analyze the causes that produce them.

Redness is found to depend upon increased vascularity of the inflamed spot. The blood

vessels relax their coats, they admit more fluid than ordinarily, the living protoplasm that forms the capillary wall, throws out processes in all directions, forming new channels for the blood, and the natural consequence is a heightened coloration of the part.

That increased vascularity is the cause of the inflammatory flush, is easily demonstrated. If, with your finger, you press upon the place, the blood is driven away, and a white aureola forms. On removing the pressure, the blood rushes back and with it the redness is re-established.

The area of redness is conterminous with the area of inflammation, and in all tissues, save the non-vascular, such as cornea, cartilage, etc., the maximum of inflammation coincides with the maximum of redness.

In the non-vascular membranes, the maximum of redness is naturally found in the vascular tissues nearest the centre of inflammation.

Swelling results from the increased juices in the inflamed texture, and the abundant cellular growth which they naturally promote.

These juices may be held in the interspaces of the formed tissues or parenchyma of the part, they may be confined in shut sacks, as in serious and synovial inflammations; or they may exude from open surfaces, as in inflamed mucous membranes. In the latter instances, the swelling is less apparent, though it always exists.

Pain is the natural consequence of the violence to which the nerves of an inflamed part are subjected.

The amount and severity of the pain, therefore, answers to the amount of violence done to the nerves, not to the amount and severity of the inflammation. Thus we see very extensive and severe inflammatory processes producing but little pain, such as erysipelas, bronchitis, and other affections of free surfaces, because in these

the nerves are interfered with but little. On the other hand, very limited inflammations as that which sometimes affects the tooth-pulp and tympanum, give rise to the most excruciating pain, the nerves being pressed against hard bony walls.

The different kinds of pain attending certain inflammatory processes, are due to the different kinds of violence inflicted upon the nerve-fibres.

For example: The uniform pressure caused by the crowding of substance on all sides of a nerve, produces a *dull aching pain*, the severity of which is in direct relation to the degree of elasticity of the surrounding substance.

The intermittent pressure produced by the pulsation of vessels against nerve fibres, gives rise to *throbbing pain*.

The sensation attending the stretching of nerves in a distended tissue, is described as a *tearing or lacerating pain*.

The feeling produced by the friction of the increased current of blood against nervous filaments, causes a *burning pain*.

The result of the disintegration of nerve tissue, gives rise to a *gnawing pain*.

There are instances where the violence done to the nerves manifests itself in ways, which, though not painful, are correlated to pain. Such are flashes of light in some inflammations of the eye, imaginary sounds in certain inflammations of the ear, perverted taste and smell in like affections of these organs.

Finally, pain may be produced by reflex action in parts remote from the focus of inflammation. As, pain in the knee-joint in *morbus coxarius*, or pain in the shoulder in inflammation of the liver. Correlated to these we see such non-painful reflex phenomena, as sneezing when the conjunctiva is inflamed, and coughing in similar affections of the bronchi, pleura, etc.

Heat, the last, and probably the most significant symptom of inflammation, has given rise to more discussion and controversy than any other. Yet none seems to me so easily accounted for on purely physical principles.

Inflammation implies thrice increased motion in a part. Increased nervous action, increased flow of blood, increased chemical changes. Motion and heat are convertible terms, they are but different manifestations of force. Where motion ceases to act as such, it reveals itself as heat, which is only a raised state of molecular vibra-

tion, and *vice versa*. Were the exaggerated nervous action, circulation, and so forth, to go on unchecked, there would be no appreciable evolution of heat. But the nature of the changes going on in inflammation, offers a resistance to these various energies, and the force arrested in its manifestation as motion, is liberated in the form of heat.

This physical theorem has been confirmed by the thermo-electric experiments of Montgomery, which have shown, by actual measurement, that an inflamed organ is not only passively warm, several degrees above the normal temperature, but that it actively generates heat.

In addition to these symptoms, which are peculiar to the centre of inflammation, and may be termed local, there are others of a more general nature, which may be called constitutional. These are chilliness or decided fever, dry mouth and skin, scanty urine, more frequent and stronger pulse, etc.

It would be contrary to all physical laws, from which living tissues are by no means exempt, that the heat generated in an inflamed part should not be transmitted to the rest of the organism. The thermal waves must be expended in one of two ways: either by radiation or by transmission to the adjoining tissues. The latter is by far the readier means; hence the greater part of the liberated heat takes this direction. The consequence being the over-heated condition of the system, called fever, which is always proportionate to the degree of inflammation.

That this heat, which diffuses itself through the whole organism, is the essential cause of fever; nay, *the fever itself*, is readily proven by the fact that it holds towards all the other accompanying symptoms the relation of cause to effect.

The sensation of alternate heat and cold results in that as each successive impact of heat invades the body, starting from the centre of inflammation, remote centres give sudden evidence of their lower temperature, and as the patient is simultaneously rendered conscious of these two widely differing currents of thermal agitation, he is thrown into that condition known as a chill. This condition ceasing when the equilibrium of temperature is established above, below, or at the normal point.

The skin and mouth are dry, because heat causes greater evaporation on the one hand, and

a greater demand for water in the blood on the other.

The urine becomes scanty for the same reason; the overheated blood withdraws the water which would otherwise pass through the kidneys. Not so the solid constituents of the urine, which either remain undiminished or are actually increased.

Thirst recognizes the same cause, and finally the condition of the pulse is due to the action of this heat upon the ganglionic nervous system.

Add to this, that the inflamed part is not only connected with the rest of the body by mere mechanical contact, but by intimate organization; that the blood which flows towards an inflamed centre through centripetal vessels, returns from it through centrifugal ones, altered in its composition, charged with inflammatory products, which are distributed far and wide, and we will readily understand how impossible it is for the body to escape contamination.

If after these local and general symptoms have established themselves, the inflammatory action still continues, suppuration takes place, followed by molecular disintegration, or death of the part.

ETIOLOGY.

We said at the beginning that these changes might be the result of *any injury*. Let us direct our attention to the nature of the injury.

It may be *intrinsic* or *extrinsic*. In other words, it may be found within, or, it may come from without, the body.

If intrinsic, it may be a clot obstructing the circulation in some vessel, or a suppressed excretion; or it may be a poison elaborated within the organism.

If extrinsic, it may be direct mechanical or chemical violence, a wound, a blow, a burn, freezing, a foreign body wedged in the tissues, etc. Or it may be a poison suspended in the atmosphere, contained in the water we drink, or in the food we eat; or it may even be a breath of cold air.

It is generally conceded, that each one of these, which may be called exciting causes, needs the co-operation of a pre-existing condition of the system, called a predisposing cause; and that to the relations between these two factors, the degree of disturbance is corresponsive.

The severity of the inflammation produced by a wound or a blow for instance, depends greatly

upon the proportion of passive *formed material* and active *germinating protoplasm* in the tissues. Thus, in an old man, where the *formed material* abounds, and the *nucleated protoplasm* is comparatively scanty, the inflammation will be greater than in a young subject, whose tissues are still largely endowed with germinating material.

An abundance of *passive formed material* acts, therefore, as a predisposing cause.

An infection germ introduced with the air we breathe, or the food we eat, must needs meet in the organism with a certain pabulum, which may be an impaired condition of the blood in some cases, and in others, a quantitatively limited amount of substance (yet undetermined) acts as a predisposing cause. In the latter instance, the pabulum once exhausted by a first invasion of the germs, a second infection does not affect the organism until the pabulum has had time to re-accumulate. Such is the case with small-pox and other allied affections.

An over-heated condition of the system acts as a predisposing cause to a breath of cold air; and this, apparently the most insignificant of all the exciting causes, will be found to produce the most frequent, and at times, the most fatal inflammations.

Catching cold, as it is termed, may produce the series of changes we have mentioned in any of the internal organs or viscera, in any of the tissues of the body, without excepting bone and cartilage. Each one of these varieties of inflammation, together with those of an infectious nature, and the more local ones produced by mechanical violence, have their peculiar characteristics, which would be out of place in this general review. With the exception of those which exclusively belong to the domain of internal medicine, each will receive, in due time, a separate and more detailed consideration.

PATHOLOGY.

Having discussed symptoms and causes, as far as seems compatible with the limits of a lecture, we will now note the pathology of the changes which constitute the inflammatory process. These are:

1. The *injury* acts as an irritant upon the vaso-motor nerves, whose action upon the capillaries and the circulation, becomes at once exaggerated.
2. Under the influence of the excited vaso-

motors the capillaries first contract spasmodically, then expand, relax their coats, and lose their natural tone.

3. The blood flows with increased rapidity towards the inflamed part, and engorges it to such a degree that a sanguineous freshet is produced. The *liquor sanguinis* exudes through the expanded (sometimes rent) capillary walls. The remaining constituents of the blood stagnate, circulation ceases in the part, and the condition known as *stasis*, ensues.

4. The white blood corpuscles (leucocytes, or blood bioplasts,) multiply in the blood vessels, as the current is retarded by the impending *stasis*, then migrate through the capillary walls.

5. The exuded *liquor-sanguinis*, acting as a pabulum for the emigrant blood corpuscles and the tissue cells, they grow and germinate to an enormous extent.

6. This increased proliferation cannot be sustained at a healthy standard, it assumes a degraded form, and the offsprings of every tissue, bioplasm and white blood corpuscle are now what are called pus cells.

7. The pus corpuscles or cells move along the line of least resistance towards a free surface, or towards a central spot, they agglomerate, some soften, others degenerate to fatty elements, and the rest floating in the liquid *detritus* that results, constitutes what is known as pus.

These are the principal pathological changes of which we have any definite knowledge. I now propose to give you summary accounts of some of the experiments which, in my mind, establish these facts beyond contradiction.

It is unnecessary to observe that, in the present state of civilization, these experiments can not be performed upon human beings. For, although it is not held to be at all inconsistent with moral laws to hang a human being by the neck "until he die," it probably would shock the sensibilities of any enlightened government if we were to suggest that the "death" penalty be abolished, and in its stead, a pathological institute established, where condemned murderers might be made the subject of experiments, thus serving the true interests of humanity, repaying society for their transgression, and redeeming their now uselessly sacrificed lives.

We must, therefore, fall back upon innocent frogs, Guinea pigs, rabbits, etc., and be satisfied with establishing an analogy, which, to a certain

degree, must be imperfect, between these animals and man.

To show the effect of irritation of the afferent nerves upon the vaso-motors, and through these, upon the circulation, take a rabbit and inject into a vein a solution containing from six to eight grains of chloral; expose the *arteria saphena*—it lies superficially on the inner surface of the thigh—and the operation is an easy one. By means of an electrode excite the *dorsalis-pedis* nerve, and observe the artery. Immediately it begins to pulsate violently and to enlarge, and in a few seconds, if the excitation be continued, it is about twice its natural size, which is its maximum of dilatation. On removing the electrode, it resumes its former calibre and quietude.

If you take a frog, (slightly curarized,) and apply a drop of sulphuric acid to the web of its foot, you produce a real inflammation, the visible phenomena of which are similar to the transitory disturbance produced in the *arteria saphena* of the rabbit by the artificial irritation of the *dorsalis-pedis*.

If now you wish to ascertain whether these two phenomena of acceleration and dilatation are of the same nature, you should observe them simultaneously on the same subject. If, in the *arteria-saphena* of the rabbit the acceleration and dilatation due to the excitation of the vaso-motor nerves through the *dorsalis-pedis*, are of the same nature as those of the inflammation produced on the frog, you should expect them to be increased by local injury; and *vice versa*. If you try the experiment, you will find this to be the case. The result of excitation of a nerve will not be disturbed qualitatively, but merely increased by the application of an acid, and, conversely; the effect of the acid, if already acting, will be heightened by the excitation of a nerve.

If you now examine the inflamed tissue of the frog's foot with a magnifying power, you will note, that as time passes, the movement of the circulation is retarded; the vessels become filled with white blood corpuscles, and propulsion of the blood soon ceases completely. This is what we alluded to under the name of *stasis*.

To witness the migration of white blood corpuscles through the capillary wall, the mesentery of a living frog is stretched over a ring of cork and observed with a high power. You soon see how the veins dilate; the white corpuscles stop

in their onward course, and diverge towards the inner surface of the wall of the vessel, to which they cling. The ones in direct contact with the capillary wall now thrust a little process right through the wall, this process swells on the outside, and for a while the corpuscle consists of two halves, one external to the vessel, and the other internal, connected by a link that traverses the wall of the capillary. Shortly the inner half empties itself into the outward one, through the link channel, and the migration is completed. Others act in a similar manner, and the adjacent connective tissue spaces are soon permeated by emigrant byoplasts, which multiply a thousand fold.

The sprouting of the capillary tubes can best be observed if the living sensitive membrane of the frog be examined in aqueous humour a day after an injury. The capillaries become knobbed, and from these knobs small processes shoot out, that meet other similar process, with which they blend and form loops of small vessels, which now become the basis of other still smaller loops.

Finally, the proliferation of tissue cells is made manifest in the following manner. Having irritated the cornea of several frogs, excise portions at various periods after the inflammatory action has set in, and examine them under magnifying power, after having immersed each specimen two or three minutes in a half-per-cent. solution of chloride of gold, washed it in water acidulated with acetic acid, and exposed it to daylight, also for a few minutes.

In a specimen examined three hours after inflammation has commenced, the stellate cornea cells are seen but little altered. Their outlines are well marked; their nuclei, and even their nucleoli, are distinctly visible. Here and there a few corpuscles are found, having one or two spheroidal bodies imbedded in them. This is a beginning of germination.

A portion excised ten or twelve hours after irritation, shows that the cells have, in a great measure, lost their stellate form, are clustered in masses, and are surrounded by numerous progeny.

A specimen examined at a still more advanced stage, presents the whole surface of the cornea crowded with the innumerable offsprings of the tissue cells, many of which are now young pus corpuscles.

In vascular membranes the process of proliferation is as easily demonstrated; but, as in these it is impossible to distinguish between the offspring of tissue bioplasts and that of blood bioplasts, the experiment can not be held to be as conclusive as that made with cornea or cartilage.

It remains for us to investigate the processes of *re-organization*, that is, the steps that lead to the reparation of the lesions caused by the inflammatory action, and the return of the tissues to their physiological condition. But I find I am trespassing the limits of my time—maybe of your patience; and shall have to make the description of these ultimate changes and the treatment of inflammation the subjects of another discourse.

HYPODERMIC USE OF ALCOHOL IN ADENITIS.—Schwalbe, of Weinheim, reports one hundred cases of various forms of indolent glandular swellings treated successfully by the subcutaneous injection of the tincture of iodine. Latterly he has used injections of simple alcohol in fifty similar cases, and has found the results equally favorable, and the time required for a cure no greater, and he therefore concludes that the alcohol is the essential remedial agent. He explains its curative action as follows: It establishes a state of chronic inflammation in the connective tissue, causing it to contract by degrees, and thus pressure is brought upon the vessels and the lymphatics are obliterated. These effects, and the consequent hardening of the connective tissue, he proposes to utilize in the treatment of other tumors, and he reports the cure of fatty tumors by the use of such injections, to which some ether was added in order to dissolve the fat. He finds, however, the most important application of his plan, in the treatment of cancer by preventing its extension to the neighboring tissues and lymphatic glands. The tumor is first to be isolated, as it were, by causing the connective tissue on all sides of it to become shriveled. Then the contractive connective tissue, approaching the growth itself, presses upon it, cuts off its blood supply, and so causes it to disappear by atrophy. Lymphatic glands which are already affected are to be similarly treated. Schwalbe, with Dr. Hasse, claims to have cured three cases of cancer of the breast in this way.

DR. F. H. BOYNTON has been appointed to the charge of the department of Surgery in the Western Hom. Dispensary.

CHRONIC NASAL CATARRH—ARGENTUM NITRICUM.

BY J. B. GILBERT, M.D.

AN inflammation involving more or less of the Schneiderian membrane, the generally accepted meaning of the term, is, of all inflammatory processes, by far most frequently met with. It is one producing in its chronic stages symptoms often loathsome in character, such as to render life to both patient and friends a constant source of annoyance and embarrassment. It has long been recognized as exceedingly obstinate in becoming modified by treatment. Physicians, rather than hazard their reputation as curers, were led, from repeated failures, to classify the affection as incurable, and to leave their patients to seek relief from charlatans and quacks, whose unfulfilled promises soon confirmed the unfavorable prognosis. Douches, inhalants, gargles and atomizers, together with medicine alterative and specific, all in turn have had their day. The sufferers, finally disgusted with doctors, with themselves and with everything in general, yield to the opinion of their physician, giving themselves up, fated to suffer with the incurables. During the last few years, Nasal Catarrh has been made a field of careful scientific study, with results happily encouraging to those who consider their condition hopelessly irremediable. Our American colleges, notwithstanding these advances, still persist in avoiding the subject. Such too is the case in our professional literature. Scarcely an author, in treating on surgery or medicine, gives it mention. This state of affairs is surely a grievous wrong; an injustice to those whose health and dependent happiness to us is intrusted. The consequences entailed by the persistence of catarrh demand a most earnest consideration; such for example are impairment (sometimes even loss) of the senses—smell, taste, hearing and sight; in short, the senses all are more or less blunted.

It is to the correction of chronic morbid conditions that we, as physicians, should direct special attention. As our knowledge of medicine and its collaterals increase, we are fast learning that success in the treatment of acute disease is mainly in relieving symptoms, and avoiding that which tends to retard nature's law of cure; the danger being not from the regular course of

disease, or from influences of like nature—*similia*, but from those resistant to natural law—*contra*.

To Czermak, who first applied and rendered practical the rhinoscope as a means of physical exploration of the posterior nares, we are indebted for our present accurate appreciation of the nature of the pathological condition giving rise to catarrh, and hence to a more scientific method of treatment. The best rhinoscope, as now generally admitted, is the laryngoscope without a modification. Although many instruments have been invented with mirrors of different shapes, bent at different angles, none are improvements upon the ordinary laryngoscopic mirror. The forehead reflector with head-band suspended from a ball and socket-joint, and a perforated centre, is in every respect most suitable for both laryngoscopic and rhinoscopic examinations. A light, such as may be obtained from a student-lamp or gas-flame, passed over the patient's shoulder, is all-sufficient. A powerful concentrated light is not desirable. Further, with the forehead reflector, both hands are free; and though the patient move from focus during an operation, neither mirror nor instrument need be removed, for the operator, by slightly moving his head, quickly regains it. Whereas, when the reflector is attached to a clamp fastened on a table or lamp, the operation, in such a case, is immediately suspended, and the patient must again be positioned. In my opinion, this, the most simple of laryngoscopes, is not only to be preferred for ordinary use, but is absolutely necessary to effect operations requiring nicety of skill, where obstruction or great sensitiveness of parts is to be overcome. In the hospital clinics at Vienna, Berlin and Paris, where laryngoscopy is studied as a specialty, it is now in general use, Tobold's and Mackenzie's apparatus having been laid aside. The expensive laryngoscopes with joints, elbows, and mirrors innumerable, are alone favorites with instrument makers, and with those gentlemen of the profession who make *effect* the principal feature of treatment.

Etiology.—The causes of inflammation of the mucous membrane of the nares will often be found the same as of inflammation elsewhere. They are direct and indirect. Of the latter, we find first in importance an acquired or hereditary capillary weakness, a predisposition which exists in the incipient stage of phthisis, gout, and rheumatism, a concomitant of syphilis, anæmia,

chlorosis and plethora. Of the former, are dust, irritating gases, vapors, and atmospheric conditions, any of which may excite an inflammation, and, in connection with the indirect causes, a chronic action is readily established; and though the exciting cause be removed, the abnormal process is maintained, from the influence of habit, as well as from an acquired susceptibility of the parts to irritation. Constitutional depreciation frequently proves a predisposing cause of local disease. As granular degeneration of the pharynx, conjunctiva or cervix uteri will arise from this cause, so will a kindred condition often occur in the nares.

Treatment.—From the foregoing we derive three indications: 1. Removal of the exciting cause. 2. Removal of the predisposing cause, by the administration of a remedy directed to the diathesis of the patient, which should be selected as indicated from the totality of the symptoms. 3. The administration of a remedy which is strictly homœopathic, to inflammation of the pituitary. Of the various remedies that have been employed, *argentum nitricum* has "survived as the fittest." Its pathogenesis reflects most minutely the symptoms of chronic nasal catarrh, not only the rational symptoms, but the internal morbid processes. Its curative influence was recognized by the old school practitioners long before *provings* directed attention to the fact. Like many other remedies in their hands, it has been oddly enough abused. The harm that they have done, and are still doing, by forcing it in cauterizing strength over adherent secretions, into the Eustachian tubes' nasal ducts, and upon surfaces not involved in the morbid action, is in daily experience. There is a class of physicians, "professional alarmists," many of whom are in the homœopathic profession, who, fearing to use that which they have seen abused, have loudly denounced, and brought it unjustly into disfavor. Like quinine, opium, mercury, and of other valuable remedies, it has become a dread of community. Hahnemann recognized its benign influence in conditions due to capillary weakness. Teste writes, commending it as a remedy in chronic laryngitis, albuminuria, gleet, and other conditions depending upon weakness of the capillary circulation. On examining critically the observations relative to the action of the nitrate of silver, we find it to be an excitant of vital power, one increasing the tone of relaxed fibre.

The success of its administration or application, is in the selection of the potency. I do not accept the theory that each case presents symptoms so distinct as to demand a different remedy to cover each individually. The symptoms, it is true, vary greatly, but it is with the severity of the inflammation and the complications thereby excited. Close observation as to aggravation or subsidence of symptoms, under the influence of certain potencies, should be the guide to individualization. Besides indirect medication, remedies introduced into the circulation through stomach absorption (which in many cases suffices) local applications are of great service; in fact, in all cases they are advisable, not for stimulating or cauterizing influences, but for direct absorption. As in like conditions of the pharynx, conjunctiva or cervix uteri, a specific remedy locally applied will expedite greatly a return to a normal state. For this purpose, after carefully removing the secretions, a trituration, or solution varying in strength with the severity of the symptoms, should be used.

Notwithstanding the prevailing sceptical opinion as to favorable results, I am convinced from experience, that with the above treatment many case of catarrh can be radically cured, and every case relieved, excepting only those excited by fixed foreign substance, such as projecting bones, polypi, etc.

In this positive statement I am not ignorant of the criticism to which I expose myself. I trust though, the treatment will be thoroughly tried before being condemned.

A few words in conclusion respecting *retrocession*. The attention of patients suffering from catarrh, is frequently called to a current belief among the laity, namely, that the inflammation, or perhaps, better, the catarrh itself, may "drop on the lungs." It is a favorite story of the "professional alarmist," who asserts that the suppression of the discharges is dangerous, inasmuch as it is likely to stimulate pulmonary inflammation. He draws his conclusion from the fact that phthisis often follows the treatment of catarrh; such is the case, unquestionably; but it oftener follows wherein treatment is omitted. The idea is quite as extravagant as the belief of our professional great grandfathers, "that the discharges came from the brain." The two conditions are the result of the same cause,—capillary weakness, and catarrh is an initial symptom of phthisis. The *nitrate of silver* acts in its correcting influence, not only upon the nasal mucous membrane, but as Hahnemann and Teste have demonstrated, throughout the entire economy; and thus, when early given, may act as a

prophylactic, preventing or arresting the development of disease more serious in character.

At the close of the year, I propose publishing in the TIMES, results obtained in the treatment of a large number of cases which I am compiling from the Clinic at the Western Hom. Dispensary, as well as in private practice.

TRACTION IN PLACENTAL DELIVERY.*

BY A. M. PIERSONS, M. D.

PERHAPS there is no portion of the accoucheur's work about which lingers more superstition than surrounds the placenta and its delivery. This is the case with some physicians who rarely and reluctantly attend the obstetrical practice. It is particularly the case with the average nurse, and still more with the so-called midwife. More than once have I entered the lying-in chamber, a few moments after the birth of the child, to find the nurse pressing, with no inconsiderable force, upon the patient's epigastrium, and in answer to my remonstrance, said "she did it to keep the after-birth from going to the stomach;" another replied "she did it to keep the after-birth from going up."

This is no more laughable than the action of a professional midwife, who once, in an imaginary difficulty, sent for me to extricate herself—and the child. Before my arrival, however, the child was born, and the midwife had not only tied the maternal and fetal ends of the cord, but also had tied the cord itself to the mother's leg. This last act, however, like the first, carries with it no harm, which is more than can be said of the practice of ligating the fetal end of the funis. But all obstetricians who practice ligation claim the right to follow the old time custom, and I suppose the nurses and midwives have the same right to forever continue tying the maternal end of the funis, and to secure the mother from any freaks or pranks of the placenta by anchoring it well to her knee. This digression, however, is closed, and after committing myself unreservedly to the new and improved practice of non-ligation, I will turn attention to the manner or custom of dealing with the other end of the funis.

In the manner of delivering the placenta, obstetricians differ widely, as well as in other branches of the practice. Some believe in the false doctrine that "meddlesome midwifery is bad midwifery,"—false as applied to an intelligent accoucheur,—no doubt true as applied to the ordinary midwives. Others believe in always applying slight but persistent traction to the cord. To this latter class I have lent my sympathies and labors for several years, and to me with uniformly happy results.

The placental mass is easily influenced, and can be moulded or drawn into an oblong form

by the slightest persistent traction on the cord. If now the child be born and disengaged from the mother, the accoucheur immediately (before a single pain is felt) should take up the cord with the right hand, depressing it with two fingers of the left, to prevent friction under the pubic arch, and by gentlest persistent effort draw upon the cord. Thus the placental mass will be shaped into a lengthened form, and slide away in the kindest manner, without pain or disturbance on the part of the patient.

In nearly all obstetrical works much stress is laid upon the importance of non-traction of the cord giving inversion and prolapsus as the result of transgression. In examining a large number of cases of inversion, I find they occur very rarely where traction of any kind has been made; but where pressure over the uterine tumor was applied, inversion has frequently occurred; and these latter cases have not unfrequently occurred where it was acceded by the accoucheur that no adhesions whatever existed.

Guernsey cautions us not to draw too forcibly lest the cord be ruptured. I have found very few cords which would not rupture at the point of attachment with the placenta, very far short of an inversion or prolapsus. It is this dread of an almost impossible condition that has frightened many from any traction whatever. If it be meddlesome to withdraw the placenta in one or two minutes after the child-birth, it must be equally meddlesome to remove it in as many hours. The cases where I should reluctantly interfere would be those of positive adhesions, and those only after the action of the appropriate and highly attenuated remedy had failed. Where there is no adhesion there is no need of medicine. The advantages of an immediate and persistent traction upon the cord are as follows:

First. Almost absolute freedom from hour-glass contraction.

Second. Freedom from hemorrhages, because, after the placenta is withdrawn, contraction of the uterus is much more rapid and uniform.

Third. After-pains are greatly lessened, and more frequently are entirely absent. When the placenta has been removed, the only causes for after-pains are clot and regular contractions. Here is the place to use medicines. Arnica at once, and always, unless contra-indicated. Chamomilla perhaps stands next in order of frequent usefulness.

Fourth. There is usually a saving of patients' strength, which has generally been severely taxed.

Fifth. The anxiety which every mother possesses is at once removed. I have known many mothers to suffer more from anxiety while waiting for the placenta to come away, than they did during all the stages of labor. Until the child is born, the fond and expectant mother is buoyed up with brightest hopes, when that climax is reached, she feels it worse than torture to suffer pains while waiting for a delayed placenta.

* Read before the N. Y. Homœopathic County Medical Society, September 8th, 1875.

Clinic.

CLINICAL CASES IN SURGERY.

BY WM. TOD HELMUTH, M. D.

LIGATURE OF THE COMMON CAROTID BELOW
THE OMO-HYOID, FOR DECTILE TUMOR OF
THE FACE.

R. R., aged thirteen months, was brought to my office to ascertain if an operation could be performed for her relief. She had, on the left side of her face, a tumor the size of a large orange, bluish in appearance, and which enlarged greatly during any exertion, or when the child cried. The tumor was growing quite rapidly, and at times the mental faculties (so far as could be judged in one so young,) were somewhat affected. From the account given by the parents, I learned that at birth there was no appearance either of enlargement of the left side of the face, or discoloration of the cheeks. At the age of four weeks she fell and struck the cheek against the arm of a chair; the blow was violent, and immediately after there appeared on that side of the face a blue spot, which enlarged rapidly. A physician was called, who applied an ointment for a week, and then inserted a seton. The tumor not diminishing, a surgeon of eminence was consulted, who recommended acupuncture with red hot needles; this method, and the subsequent application of poultices, were of no avail. Other surgeons were also consulted in the case, but the means prescribed failed to produce any good result whatsoever.

With this knowledge of the case, I determined that to arrest the circulation on that side of the face, would offer the best chances for relief, and that this could be done most effectually, by ligating the common carotid below the omo-hyoid.

Dr. Youlin, of Jersey City, Dr. F. S. Bradford, and Dr. Hunt assisted in the operation. The child was placed under ether, and the usual incisions made for exposing the vessel. The middle hyoid vein was enormously enlarged, and required some little time for dissection. The cervical fascia having been divided on a director, the omo-hyoid was raised and held aside. The sheath of the vessels was opened, avoiding the pneumogastric, the aneurism-needle was insinuated from without, inward beneath the artery, and Spiers' constrictor, No. 2, was used to

thoroughly compress it. All pulsation immediately ceased in the upper part of the artery, and having closed the wound with silver sutures, *calendula* solution (one part of the tincture to five of water,) was ordered.

March 14. The child passed a very restless night, refusing all nourishment, and towards morning violent convulsions ensued. *Re-Ignatia* 3rd, every half-hour. This relieved the convulsions.

March 15. Severe croupy cough—to which the patient was very subject—came on during the day. *Re. hepar* 2nd, *dec. trit.* qrs. v., every hour.

March 16. Better; cough relieved; pulse 130. wound uniting.

March 20. Tumor diminished about one-third.

From this period the child improved gradually, and the tumor lessened in size. It then remained stationary for a time, and finally disappeared.

I learned lately from the parents, that with the exception of a slight "puffiness" of the cheek at times, there has been no re-appearance of the tumor.

RESECTION OF SHOULDER—TRAUMATIC
TETANUS—CURE.

Mr. L. consulted me on Oct. 5th, 1872, as to the feasibility of an operation to relieve him from symptoms developed from a gun-shot wound of the shoulder, occurring sixteen years previously. The accidental discharge of a gun into the axilla, had caused such destruction of the parts, that the surgeons advised, and were actually preparing to amputate at the shoulder, when Dr. Valentine Mott arrived, and concluded to endeavor to save the arm. Most extensive suppuration followed, and many sinuses formed; bits of bone and numerous shot being discharged from time to time.

A portion of the head of the humerus had exfoliated together with many sequestra of larger or smaller size. The patient, of course, from such long and profuse suppuration, was exhausted, and emaciated to a degree. His sufferings were continuous and most aggravated, and he was willing to undergo any operation that promised hope of relief. When I saw him, his condition was such that I dared not subject him to immediate operation, and to benefit his general condition, sent him to the country, where he somewhat improved.

On Nov. 21st, I proceeded to expose the bone, and to perform whatever operation might be necessary. The extent of the procedure, how-

ever, could not be accurately determined upon, owing to the mis-shapen condition of the parts.

There were two large openings beneath the great pectoral muscle; two on the posterior surface of the joint, over the scapula; two on the posterior aspect of the humerus, besides various indentations and cicatrices, marking old points of suppuration and exfoliation. The extremity of the acromion projected over the shoulder, and only motion of that part was permitted by the subscapularis.

The patient was brought under the influence of ether, which, however, he took poorly, causing us to use great caution, and frequently to desist in our proceedings during the operation. The usual long straight incision for resection of the humerus was made, on the top of the shoulder, and the parts held aside with curved spatulæ. There was found complete anchylosis not only of the neck of the bone to the lower margin of the glenoid cavity, but also to the upper border of the anterior margin of the body of the scapula. With great difficulty a chain saw was passed under the upper portion of the bone, and about an inch and a-half of diseased mass cut away. The other portions of carious bone, which were extensive, were removed with the chisel, gouge, hammer and saw. On passing a long gun-shot probe through a sinus on the front of the chest, Dr. Thompson discovered a large sequestrum which proved to be a portion of the compact structure of the shaft of the humerus. The operation was difficult and tedious, as is often the case in the removal of dead and diseased bone, and I was materially assisted by Drs. McNear, Thompson, Joslin and others. The patient rallied well, and was in fine condition, until the morning of the tenth day, when a slight chill, and sensation of stiffness of the jaw, foretold what was to come. In a short time violent tetanic spasms set in, and trismus, of the worse variety, ensued. The convulsions were produced by the slightest cause, the contact of the spoon to the lips, a draught of air upon the person, the slamming of a door, and other trivial causes, produced a terrible effect upon him. His mental faculties, as is often the case in this terrible affection, were frequently exalted, and his consciousness only rendered his sufferings the more acute. There was complete insomnia, profuse and debilitating sweats, constipation, stranguary and tenesmus. Pulse 130 to 140, and temperature 100 and 102.

Medicines appeared of no avail. The administration *acon.*, *bell.*, *hyos.*, *cun.*, *luchy.*, *ign.*, *creta*, *calabar bean*, *nux.*, *curare*, *puls.*, *stram.*, and others, produced no effect whatsoever in the symptoms. *Opisthotonus* and *pleurothotonus* were persistent, and his anguish intense. His death appeared rapidly approaching, when I prescribed *chloral hydrate*, in ten grain doses, every two hours. The effect was magical, the first sleep that he had experienced was soon produced, and he awakened refreshed. I will say also that during the paroxysms he had an occasional suppository of one grain of opium.

I will not however detain the reader longer with the details of the case. Suffice it to say, that this medicine was productive of cure, and that (as in all cases of traumatic tetanus which have been cured) the progress was gradual, yet, eventually the patient perfectly recovered.

During a tour in Europe a portion of bone came away, and in August, 1875, another small sequestrum was discharged. The time elapsing from the date of the operation until the patient was sufficiently recovered to sail for Europe, was nearly five months.

When we consider the length of time that had elapsed since the injury was inflicted; the great deformity of the joint; the exhausted constitution; the prolonged suppuration; the tedious operation; and the subsequent tetanus, and ultimate recovery, we should appreciate what the body can suffer and not succumb, and that the motto is a good one, "never say die."

SURGICAL NOTE.

In the *Medical Record* for August 28th, is found an extract from the *Medical Examiner*, on Hildebrandt's method of treating uterine fibroids with *Ergot*. I append the treatment here, because it follows well upon some notes which appeared in the last number of this Journal, regarding Dr. Emmet's treatment by "trachin," of this variety of tumor. There are two communications on this subject in the periodical referred to, the one chiefly interesting being that of W. H. Byford, M. D., who gives the results of 103 cases treated with *ergot*. Of this number, 23 cases were cured; 38 were diminished in size after hemorrhage and other disagreeable symptoms had been removed; and 19 of the remainder were benefitted to such a degree "that the hemorrhages and leucorrhœal

discharges were relieved, while the size of the tumor remained unchanged; 21 cases out of the 103 resisted treatment.

The *secale* was administered both by the mouth and the hypodermic syringe, the latter being sometimes inserted into the *cervix*, or indeed into the tumor itself. The substance used was Squibbs' solid extract, reduced with water, so that each minim of the solution contained about the strength of four grains of *ergot* in powder. Internally, a gelatine-coated pill of five grains was administered twice or three times during 24 hours.

In these cases, we no doubt have, not only the wonderful emmenagogue properties of the spurred *axe* fully developed, but also, its hæmostatic powers brought into play. The question, now, may be mooted, as to whether this method of treatment would not assist the "trachin method," as recommended by Dr. Emmet, and whether the physiological action of the drug itself would not allay many of the disagreeable and alarming symptoms of pain, hemorrhage, and contractions, during the progress of the manipulations.

PULSATILLA vs. TELLURIUM.

BY HENRY C. HOUGHTON, M.D.

PULSATILLA holds the foremost place among the remedies for otitis media occurring in children, and very properly; but, I fear that on account of the success attending its use, it is often prescribed without a thought as to the reason why success has thus followed.

If a remedy be prescribed for a name, success may, perchance, follow. The symptoms of the disease may happen to coincide with those of the drug; so *pulsatilla* has been given for otitis, and the chances have been favorable.

If a gentle little girl, with light hair and blue eyes, suffers with severe pain in the ear, especially as evening sets in, continuing through the night, with paroxysms of increasing severity, but causing little concern during the day; if later a discharge appears, which is bland, not specially offensive, and consists of mucus and pus; in this case, if *pulsatilla* be given, success may be assured.

If, however, the case presents in the person of a rough, angular subject, the pain continuing day and night, of a dull, throbbing character, followed

by a thin, watery discharge, which excoriates wherever it touches the skin; in such a case *pulsatilla* will be of no avail whatsoever, but you may give *tellurium* with as much confidence as you would *pulsatilla* in the former supposed case.

The pathological condition which gives rise to the above symptoms, may be a matter of little interest to most. My opinion is, that it is one of a pustular nature, similar to pustular keratitis, induced by cold affecting the middle ear. Under the above remedies the recovery is rapid, and in a few days the last traces of superficial ulcers entirely disappear.

There is this to be said concerning *tellurium*, it is useful in disease causing extensive tissue changes. In the case of Dr. Dunham, who gave the remedy an "heroic" proving, the membrana tympani is permanently injured, and hearing thereby greatly diminished. *Pulsatilla*, on the contrary, makes no impression in chronic suppuration of the middle ear, beyond relieving symptoms when acute conditions are induced; at least, such has been my experience.

Cases.—No. 1. 1873, Oct. 4, T. T., age 14, since a baby had discharge from both ears. R. and L. M. E., full of thick, yellow pus. Both M. T. perforated. *Capsicum*, 30. One week later the watery discharge very offensive. *Tellurium*, 30. Under the same, changed at once to thick yellow pus.

No. 2. 1874, March 13, No. 3,077, Ophthalmic Hospital Register, age 4, duration 3 yrs., cause dentition; right ear, auricle normal, R. M. E. full of watery, very offensive pus. Gave six powders *tellurium*, 30, one each night. July 11, discharge ceased before third powder was taken. Comes for an eruption on auricle. *Sulph.*

No. 3. 1874, April 25, E. L., 13. For three years discharge from L. auricle normal, L. M. E. full of very offensive watery pus. *Tell.*, 30. May 30, no discharge. Hears normally, no traces of disease.

No. 4. 1874, Dec. 23. M. J., age 55. R. discharged for 3½ yrs. Auricle normal. R. M. E. slight amount of pus. R. M. T. covered with granulation. Has had *calijod* 30, for a number of weeks past, under which the granulation have reduced, and the discharge is now thin and watery. *Tell.*, 30, Mar. 11, 1875, discharge now thick and dark. Mar. 26. No discharge; perforation now defined, granulations having reduced. M. T. moist. *Silicea*.

No. 5, 1875, Jan. 9, H. F., 16 months; duration one year; L. auricle, vesicular eruption all around M. E.; canal full of fetid watery pus; M. F. not seen. *Tell.*, 30. Jan. 16, a good deal better. Feb. 4, Discharge soon ceased; now has "snuffles." *Elops.*

F. H. Boynton, M. D., assistant surgeon at the Ophthalmic Hospital, has kindly handed me notes of the following case, to confirm as regards the eye:—

Mamie D., age 4 yrs., appeared Aug. 1, 1875, for treatment of keratitis pustulosa. Left eye much redness and photophobia, discharge excoriating. Had also otitis media suppurativa of several months' duration. Discharge from ear of a watery character; very excoriating and offensive. *Tellurium*, 30, three doses completely cured both the keratitis and the otitis in two weeks.

EXOPHTHALMOS TRAUMATICA, WITH EXTRACTION OF AN AIR-GUN DART FROM THE ORBIT.

BY ALFRED K. HILLS, M. D.

P. McW., æt. 24, came to the Ophthalmic hospital in July, with the following history: Five days previously he was struck on the nasal side of the left orbit between the orbital plate and the eye-ball, with a dart from an air gun. The orbital cellular tissue was intensely chemosed, and considerable exophthalmos had already obtained. There was very little mobility of the globe, the internal rectus muscle being completely paralyzed, and the other muscles of the eye more or less paralyzed from the cellulitis orbitæ.

Ophthalmoscopic examination revealed partial paralysis of the nervus opticus, œdema of the retina, which was hæmorrhagic in spots, and haziness of the corpus vitreum.

He stated that shortly after the accident the wound had been probed by a physician, who found no foreign body present.

On his admission to the hospital, Dr. Norton, who received the case in my absence, also thoroughly probed the wound again, with the same result. The patient was placed in bed, and *rhus* administered internally, and a weak solution of *arnica* externally applied. This treatment was continued for some days, with the subsequent change to *arnica* internally also.

I saw the case on the third day after admission to the hospital, and continued the treatment for several days, without any abatement in the symptoms.

I then determined to make an exploration of the wound in search of a foreign body, which I now felt sure must be present, on account of the pertinacity of the inflammatory symptoms. Consequently a No. 2 Bowman's probe was employed and passed for the distance of 1½ inches slightly downward and outward, following the inner orbital plate, as far back as the foramen opticum. Finally, a transverse incision was made through the intensely chemosed tissue, and a small pair of closed forceps introduced as a probe, with a view to clasp any foreign substance which might be met with.

After considerable exploration in this manner, the instrument came in contact with something having a different feel than tissue, the forceps were opened, and the substance grasped by them was attempted to be withdrawn. This attempt resulted in the apparent complication of the whole chemosed tissue; indeed, it really seemed as if the whole contents of the orbit would follow any traction upon the now fixed instrument.

It was only with the most careful manipulation that the dart was withdrawn from its bed in the tissue, and then only after using an additional pair of forceps, with which to compress the fringed end of the dart as closely as possible.

Improvement commenced at once upon extraction of the dart, and has steadily continued. Both vision and mobility are at present nearly normal.

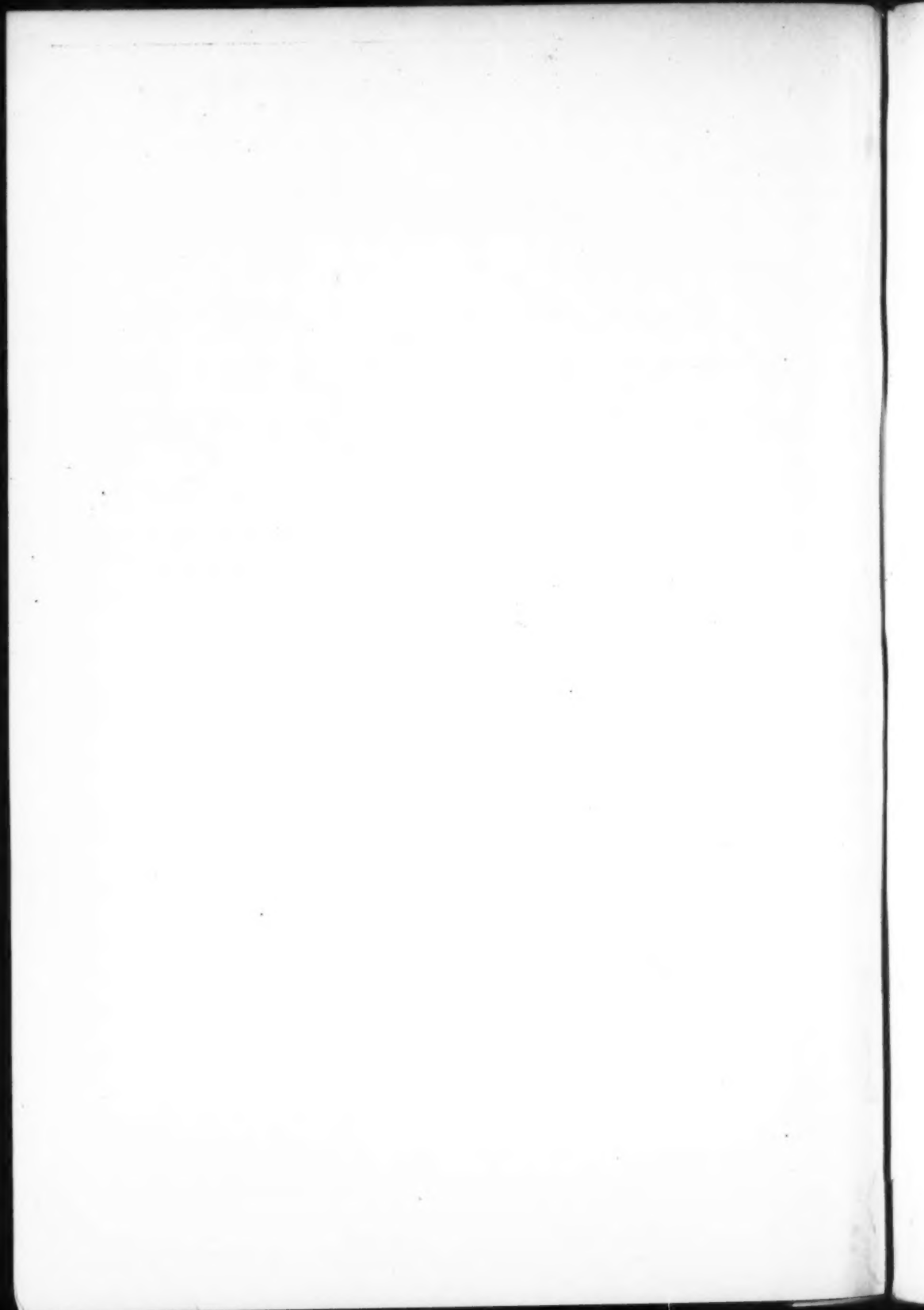
NEW YORK OPHTHALMIC HOSPITAL.—By the report of Dr. Wanstall, resident surgeon, we are informed that 286 new patients were treated during the month ending August 31st; 2,427 prescriptions made during same period; 27 patients resident in the hospital. Average daily attendance, 93; largest daily attendance, 136.

TEMPERED GLASS.—M. de la Bastie, after long and careful experiment, has succeeded in tempering glass, so that it is nearly the strength of iron. This is done by immersing it when in a state of intense heat in a bath composed of a mixture of oils, wax, tallow, resin, and other ingredients of like character.





HOMŒOPATHIC HOSPITAL ON WARD'S ISLAND.



The Homœopathic Times.

A MONTHLY JOURNAL

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

THE HOMŒOPATHIC HOSPITAL ON
WARD'S ISLAND.

THE building on Ward's Island, formerly known as the Inebriate Asylum, and more recently as the Soldiers' Retreat, has been set apart by the Commissioners of Public Charities and Correction as a homœopathic hospital. It is beautifully located, on high ground, and commands a charming view of the river, the islands, and Astoria shore, with its elegant country seats. It is 283 feet in length, with a depth in the main structure of 200 feet, and in the wings of 140 feet. It is three stories high, with a Mansard and a tower over the main entrance, and is built of brick, with brown stone trimmings. The rooms are well ventilated, the halls and corridors are spacious, and can be used, in case of emergency, as wards. The building, whose capacity is eight hundred beds, will gradually be filled with patients, as the exigency of public charity may require. All permits must come the same as to the other city hospitals, through Mr. Kellock, the Superintendent of the Poor. All those who wish will be sent to this hospital.

If the number fall below its due proportion, they will be allotted to it in ratio of one to four, that being its *pro rata*, from its number of beds. There will be six assistant physicians who receive board without salary.

The homœopaths thus take their position in the great public charities of New York on the same footing, and will enjoy the same privileges, as the allopaths. The Board of Charities and Correction have taken this step in obedience to the expressed wish of citizens paying nearly half the taxes of the city. It may be said to the credit of the allopathic school, that many of its leading men have cordially indorsed the action of the commissioners. But little opposition has been made from any quarter. The *Medical Record*, the leading allopathic journal in this country, in a recent editorial, says, "within the past few years the doctrine of the survival of the fittest has gained much ground, and its tenebility has so forced itself upon the public mind, that it is perfectly safe to rest the issue of opinion upon it. In this view, the establishment of a homœopathic hospital is a step which we have no reason for regretting, as being one of the means to the end which must, sooner or later, come. Whatever may be the real claims of homœopathy, as a practice, the foundation of a greater part of its apparent triumphs has been laid in our bitter and foolish opposition to its doctrines." There is ample room for improvement in both schools, and, if they would devote less time to fighting, and more to increasing their facilities for the relief of human suffering, the public would be the gainers. As this movement looks toward the breaking down of the partition walls built up by ignorance and intolerance, we hail it as a long step in the right direction.

The new hospital, of which we give an illustration, was formally opened on the 10th of September.

SPASMS.

THE convulsions of Vesuvius amount to nothing; the eruptions of Etna are below par; the intestinal commotions of a California earthquake "begin to pale," in comparison with the frightful jactitations that have afflicted some of our allopathic friends regarding the Michigan

University affair; but when on the top of this act of the Michigan Legislature and the Board of Regents of the University of that State, comes the news that the Commissioners of Charities and Correction of New York City have handed over to the homœopathists a magnificent hospital; that they have been munificent in their appropriations; that they have offered us every facility for the proper performance of our duty; ah! then the editorial cerebrum of certain journals became completely turned. The effusions were profuse; and neither the actual cautery of Brown-Séquard to the editorial spinal column, nor pounds of Bromide of Potash, can quiet their trembling nerves.

The *Philadelphia Medical Times* gasps out its anathemas with convulsive jerks. Like the renowned Cardinal with the red cap, it draws the magic circle around the idol of its love, and launches the thunders of its curses against those who dare intrude. In the impotence of its rage, it cries with the celebrated Mr. Weller, "Aint nobody to be whopped for taking this here liberty?" It seems to say, like the ghost in Hamlet, "If ever thou did'st thy dear father love, avenge this foul and most unnatural murder." List, dear reader, "Oh! list" to this. "We can see no more reason why a homœopathic practitioner should be allowed the opportunity of demonstrating HIS LACK OF COMMON SENSE at the cost of suffering humanity, than why any of those more generally recognized AS QUACKS should be allowed the same privilege." How can a blind man see? How can a mind distorted with prejudice, understand?

These words of the *Medical Times* are calculated (as indeed is acknowledged by many of the better class of medical journals,) to promote the cause of homœopathy. They call the attention, not only of the profession, but the people, to the system of Hahnemann, and unfold to the public a bigotry, which in this century will not be tolerated. The *Phila. Evening Bulletin* comments severely on the passage to which we have referred, in the following words:

"But suppose that a specimen of "suffering humanity" desires to be treated by a homœopathic practitioner, has not he as good a right to get what he wants as an allopathic sufferer has? And have allopathic doctors any right to drag a homœopathic patient to one of their hospitals and drench him with their medicines when he desires the practice of the other school? The *Times* is merely absurd; it is worse than absurd; it is bigoted. Its editor confidently believes that his theory of medicine is the only one that is founded upon truth, and nobody has any right to object to his entertainment of that opinion. But there are plenty of other people who are as wise as he, who have as much common sense, and who are quite as competent to form an opinion upon any given subject, who sincerely believe that another theory is the better one. To denounce these people as idiots is merely to suggest that the denunciator himself has a leaning in that direction, or to intimate that he is the victim of prejudice which is so dense that it cannot perceive the folly of substituting abuse for argument and scurrility for discussion. The man who proceeds in such a manner belongs to that school of bigotry, which in religion claims Heaven for its own sectarians, and inevitably consigns the rest of mankind, Christian and pagan, to hell. Homœopathy may be a delusion and a snare, but there are hundreds of thousands of people who do not think so, and they will not be bullied out of their convictions by sneers and ridicule from advocates of another and rival school, who manifest their illiberality in another and even more absurd form by refusing to recognize respectable female physicians, even though they adhere to allopathic principles."

Now, as the *Medical Times* has, at best, but a moderate circulation among professional men, and as the *Phila. Evening Bulletin* has an extensive patronage among the people at large, we fear that the article in its columns headed "MEDICAL BIGOTRY," from which the above extract is taken, may be productive of bad results to the cause which the *Times* so warmly espouses, and will so enlighten the people; that when the demand is made by the homœopathists of Philadelphia (which surely will come to pass,) for a hospital to be conducted according to their peculiar views, that the authorities will see the matter in its proper light. Indeed, a few more articles like that of the *Times* will secure the homœopathists an institution in every city of the country.

IS IT FARCE, OR TRAGEDY?

A MAN long known in the councils of our school, who has grown gray in its service, is charged with turning traitor to his life-long convictions, by conspiring to throw the management of an important institution, in which he was a trustee, into the hands of his most bitter professional enemies. If there was one man in the homœopathic ranks feared and hated by the leaders of the allopathic school, that man was Horace M. Paine. Through his influence, through his ceaseless exertion and untiring energy, more than that of any other man, the gradual recognition of our just rights was obtained during those dark days when the bigotry and intolerance of our opponents would have denied us everything, even professional life itself. Day after day, and year after year, while many of those who now can find no words of praise for him, were wrapped in swaddling clothes, and wailing in their nurse's lap, he was working and organizing, making his name known and felt in every county in the State, and in every country in the world where homœopathy is known, giving money, time, and the best energies of his life to the cause which, to him, was so sacred. For nine years he edited the *Transactions of the State Society*, and whatever may be said of the merit of those transactions, it was not his fault if they did not contain the best thoughts of the best physicians in the State. Thus much in simple justice to Dr. Paine.

Suddenly he is brought face to face with a grave charge, his fellow-conspirator being no other than a state senator, honored and respected both in the councils of the State, and in the county where he has long lived. Conspiracy usually has some great motive, and the conspirators some important object to gain. Thus far neither motive nor object for any such act is shown.

The allopaths do not want the asylum. They have never sought, either directly or indirectly, to obtain control of it, and are quite willing

we should do our utmost to make it a success, without hinderance from them.

If the institution should prove an entire failure in our hands, they would, of course, be obliged to step in and take charge. Then they would have an argument with which, if they wished to use it, they could deal such sledge-hammer blows as to do us irreparable injury. Every member of the present board of trustees, not one of whom sought the position, (if we are to believe their words,) denies in the most emphatic manner that they have any wish, were it in their power, to change the medical treatment in the institution. In the most positive manner, with every indication of good faith, they assert that while the institution is under their care, every effort shall be made to carry out its original purpose, and that the treatment shall be homœopathic. In the face of this direct and positive assertion, this entire board of trustees, all of them at least respected in the community as honest men, and some of them standing high in the commercial and financial world, are pointedly and deliberately charged with the meanest kind of hypocrisy, and the basest falsehood.

It remains to be seen whether the positive assertions of such men as constitute this board will be outweighed in public estimation, as it regards their real intentions, by the equally positive assertions of Dr. Frank L. Vincent, Corresponding Secretary of the New York State Homœopathic Medical Society, of Dr. E. M. Kellogg, Vice-President and Medical Examiner of the Mutual Homœopathic Life Insurance Co., or of any other member of the State Society.

Dr. H. M. Paine says the change in the board was rendered necessary by the worse than incompetency of the old board—its gross neglect of duty; that the majority of the board, as now constituted, are outspoken homœopaths; and that not a single member, if we are to believe their words, is an ultra-allopath. All are liberal in their opinions, with no prejudices one way or the other, but just, as firmly resolved to carry

out the line of treatment for which the institution was organized, as any man in the State; and more than this, that three of the old and most efficient members were of this class, appointed with the concurrence and support of the very men who now seem to have such dread of allopathic influence in the board. He claims that these charges are the flimsiest kind of a cover to hide the real motives of the engineers of this attack upon him; that their motives are purely personal; that the prosecution has been waged solely for selfish and interested purposes, and with a total disregard of truth, or even decency.

As public journalists, without judging on *ex parte* testimony, either one side or the other, we simply insist that every man shall have fair play. If wrong has been committed, in which right or justice has been made to suffer, let the axe fall on the wrong-doer; but it may be a question whether if any society, either county or state, condemns a man, or shows a disposition to do so, without first hearing him fully in vindication, it does not disgrace itself more than its intended victim.

We regret exceedingly what seems to us the hasty action of the State Society, and think the whole matter should have been referred to a committee, as moved by Dr. Allen, and seconded by Dr. Minor, without coupling with it any resolution which might look in the least like prejudging the case. The spirit of rancor and bitterness which was shown by some of the members towards Dr. Paine, and the evident determination to crush him under any circumstances, partook too much of a personal character, and lacked the dignity which should ever become the discussion of a great question.

We recognize in the motion of Dr. Kellogg, to appoint a committee to watch the new board of trustees, and to make nominations to the governor to fill vacancies as they may occur, a direct insult to the trustees, and regret that the society so far forgot its dignity as to entertain it for a moment. At the present time, when an

entrance is awarded to us in the great public charities of the city, and the gates of one of its finest hospitals are thrown wide open to us, the State Society cannot afford to make grave mistakes, or to countenance in the slightest degree, now that victory is almost within our grasp, a fire in the rear, which may throw us into confusion. We wait with interest the action of the committee appointed by the society, and call on it, now that it has taken hold of the matter, for the fullest and most searching investigation. It has been said, with what truth we do not pretend to say, that the selection of the Committee of the County Medical Society was the result of a not very creditable trick, and that, perhaps with a single exception, every member was personally hostile to Dr. Paine. It has been said also, that the charges, pretended to have been issued under the direction of the Executive Committee of the State Society, was never seen or heard of by many of them, and entirely changed from the copies sent in proof to many others. We trust these matters also will be thoroughly investigated. Let the truth be known, no matter where the blame falls.

GRATUITOUS ADVICE.

THE feeling of anger is not mingled with the sense of duty which obliges us to call the attention of our contemporary, *The Medical Record*, to the leading editorial of its August 21st number, entitled "The Homœopathic Hospital for New York." It says:

"It is claimed by the homœopaths that in matters of diagnosis and pathology we are their masters. If they are unwilling to take back their oft-repeated assertion, they should concede us the right of aiding them in their endeavors to start aright; in other words, they can lose nothing by allowing us the privilege of making a diagnosis for them, and verifying its correctness by autopsical examination, in case their treatment should ever result disastrously to the patient. Under the government of the same board that manages Bellevue and Charity Hospitals a very satisfactory arrangement can be made to accomplish the purpose. Indeed, we understand

that a plan having such an end in view is already under contemplation by the Commissioners of Charities and Correction, and if it be consistently, conscientiously, and honestly carried out, the establishment of the homœopathic hospital may be the beginning of the end of a controversy which has lasted altogether too long, and which has so seriously damaged true progress in medicine. We believe with the homœopaths that there is but one God in medicine; but it is not quite clear to us that Hahnemann is his prophet. Let us however, in the spirit of humanity patiently listen to what they claim to be their infallible argument."

To criticism, or even hostility accompanied with manly truthfulness, we have not one word of remonstrance. Silence, however, in the face of the above assertions, might be construed, and ultimately adduced, as an admission by us of the truthfulness of the assertions and insinuations. In anticipation of this, we here employ one moment to stamp the last paragraph as false in fact, and apparently evil in intent.

The homœopaths have never "claimed" or admitted that the allopathists were their masters in either diagnosis or pathology; on the contrary, we have claimed that, thanks to the sharp watch exercised by our Old School friends, we have been stimulated to a carefulness in diagnosis which probably exceeded their own.

Respecting the assertion that "a plan is already under contemplation by the Commissioners of Charities and Correction" to appoint allopathic physicians to make our diagnoses and autopsies, we unreservedly pronounce it, warp and woof, a barefaced and clumsy falsehood. The *Record* has been duped by some maladroit story-teller.

Because we differ in belief from our friends of the allopathic persuasion, we are not disposed to self-inflation, and to assume towards beings born and circumstanced like ourselves, a superiority which can by no possibility exist, except in a disordered imagination.

We do, however, claim a full equality in native sense, and in educational acquirements, and we think we have adopted a more rational, orderly and effective mode of treating disease. Yet, we are not conceited, and consumed with the belief of an infallibility which makes us, in our own estimation, perfection, and all else error.

Reports of Societies.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

STATED MEETING, SEPTEMBER 8th, 1875.

THE regular meeting of the society was held at the Ophthalmic Hospital building.

President, Dr. Joslin, in the chair.

Drs. G. B. Smith, A. Wanstall, and W. G. Hartley, were elected to membership, and Dr. C. A. Bacon was re-elected, having been elected at a former period, but failed to qualify. Next in order came the presentation of papers. *First*, one by Dr. Pearsons, "Traction in placental delivery," read by the secretary, *pro tem*. (The article may be found in columns devoted to original articles.) Dr. Burdick said, he did not propose to take up the paper, as the author was not present, but one word to those who may possibly be induced to commit an error by adopting some of the statements made in this paper.

First. In reference to traction immediately after delivery, the direction is to make traction as soon as the child is delivered and removed to the care of the nurse. This, Dr. Burdick said, might answer in many cases, and in others it would be the worst. Very frequently, after the expulsive pains which brings the fetus into the world, there is complete subsidence of the pains, and in many instances the uterus lies perfectly still, and on placing the hand upon the abdomen, you will find the uterus much expanded, with the placenta still attached to the fundus. Traction on the cord will invariably bring down the fundus. The doctor said, his rule was to make traction upon the cord only when the uterus was contracted, never while expanded.

The next paper was by Dr. Plimpton, subject, "Obstetric Thermometry."

Dr. T. D. Bradford said he had not had time to prepare a paper, but would make a few remarks upon the condition of new born children, consequent upon easy delivery. The doctor related several cases in his own practice.

Dr. Lilienthal spoke in reference to external applications in uterine diseases, and that they could not be cured without, as told him by some one who said their authority was Dr. Mercy B. Jackson. Dr. L. wrote to Dr. Jackson, and read

before the society her answer, to the effect that she seldom used them, but relied almost wholly on our remedies.

Dr. Throop said he did not think local treatment should be given up; he thought that hygiene in uterine diseases should be strictly attended to, which will prevent many such cases.

Dr. Burdick did not think we should ignore local treatment in any disease. He spoke of remedies that would cleanse the organs, and why not cure in half the time with the continuation.

Dr. Blumenthal said, all cases of uterine disease could be cured by internal treatment, and palliated with local; throw away all instruments, pessaries, etc., proper dress will restore all.

Dr. Lilienthal asked Dr. Burdick to explain what he meant by the application locally. He replied, that no remedy should be applied unless homœopathic to the disease.

The committee on legislation, Dr. McMurray, chairman, in reference to the charges against Dr. Otto Fülgraff, made their report, which was accepted by the society. Dr. Fülgraff's resignation was then taken from the table, and granted by the society.

The report of the committee on semi-centennial celebration, Dr. H. M. Smith, chairman, was then made. The details we omit, as the extended report of the meeting may be found in other columns.

The report of the committee on Charity Hospital was then read by the secretary, *pro tem*. This report gave a history of the labors of the committee, their conferences with the commissioners and Mayor Wickham, and to the latter, be it said, all honor is due, for his hearty co-operation in forwarding the interests of the committee. The result of the labors of said committee is well known, the communication from the commissioners having been published in the last issue of this journal. The committee consulted with the commissioners at their request, as to the details and arrangements of the organization of a general hospital.

A list of names of physicians who responded to the following resolution of the society, was given the commissioners, from which to select the Medical Board:

"Whereas, Petitions have been presented requesting the Commissioners of Charities and Correction to place one of the City hospitals under homœopathic treatment; therefore,

"Resolved, That the secretary be requested to ascertain the names of those members of the society willing to serve upon the visiting staff, in case our petition is granted."

The commissioners having fixed upon the 10th of September as the time when the occupation should commence, the committee seeing the necessity for the immediate appointment of a resident physician, nominated to the commissioners, Selden H. Talcott, M.D., for the position.

The following communication was received from the commissioners, appointing the Medical Board:

*Dept. of Public Charities and Correction.
New York, September 2d, 1875.*

A. K. HILLS, M.D., Sec. Hom. Med. Society.

Sir:—I transmit the following resolution adopted by the Board of Commissioners of Public Charities and Corrections, at its meeting held this day.

Resolved, That the following named members of the Homœopathic Medical Society be, and are hereby appointed, members of the Medical Board of the Homœopathic Hospital.

Dr. EGBERT GUERNSEY,	Dr. W. HANFORD WHITE,
" WM. TOD HELMUTH,	" C. TH. LIEBOLD,
" JOHN H. THOMPSON,	" F. S. BRADFORD,
" J. H. DEMAREST,	" GEO. R. NORTON,
" J. McE. WETMORE,	" JOHN C. MINOR,
" ALFRED K. HILLS,	" SAMUEL LILIENTHAL,
" J. W. DOWLING,	" E. CARLTON, JR.,
" GEO. E. BELCHER,	" ALEX. BERGHAUS,
" A. P. THROOP,	" F. E. DOUGHTY,
" C. A. BACON,	" EDWARD P. FOWLER,
" T. D. BRADFORD,	" H. D. PAINE,
" JAS. ROBE WOOD,	" S. P. BURDICK.

By order,

JOSHUA PHILLIPS, Sec'y.

By order of the chairman of the committee, the first meeting of the Staff was called, and the affairs were then assumed by the Staff Organization. Thus ended the labors of the committee in a matter the most important that has ever happened to our school as such, and the committee assured their colleagues that the result was not accomplished without great labor.

The following preamble and resolution was adopted as the sentiment of the society:

Whereas, The Commissioners of Charities and Correction have instituted on Ward's Island a Homœopathic General Hospital; and,

Whereas, It is the first recognition of justice to our school of medicine by any municipal authority; therefore,

Resolved, That the thanks of this Society be tendered to the honorable Board of Commissioners of Charities and Correction for their action in behalf of our cause, and to his Honor the Mayor of the City, for his influence in accomplishing the same.

The committee received a vote of thanks for their action.

Dr. Thompson then reported his visit to Charity Hospital on that day and the courtesy shown them by Dr. Kitchen, Chief of Staff.

The report of the Committee on Insane Asylum was read by Dr. Paine, and adopted.

Dr. Kellogg moved that the report be presented to the State Society as a memorial; carried.

Dr. Burdick then moved adjournment without reading the minutes, which was carried.

Adjourned. A. K. HILLS, Sec'y.

THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

SPECIAL MEETING, SEPTEMBER 21st, 1875.

PURSUANT to the call of the president, Dr. A. W. Holden, of Glen's Falls, the society assembled at the Ophthalmic Hospital, corner 23d street, and Fourth ave., N. Y. city, at 10 o'clock, the president in the chair. He made a short address, recapitulating the causes which led to the calling of the meeting, saying that a proper prelude to the action of the body, and the questions which they were to discuss, would be a short history of the Middletown Insane Asylum. This in part he proceeded to give, and was followed by Dr. A. R. Morgan, who read a statement giving in detail the history of the institution from its inception.

Dr. H. D. Paine, of New York, then read a summary of the report of the committee appointed by the New York County Society, which gave a brief digest of the facts obtained by them while carrying on their investigations of the means and motives, by and for which the legislature, last winter, took the action that it did.

This paper made formal charges against Dr. Horace M. Paine, of Albany, the chairman of the committee on legislation, who, as our readers have doubtless been informed by the published statements of the committee of the N. Y. County Society, was the leader in the movement which culminated in the action of the legislature last winter.

At this stage of the proceedings, Dr. T. F. Allen made a motion that the meeting go into a committee of the whole, and that they take immediate action upon the matter, and report at once, which was carried.

Dr. H. M. Paine not being present to defend himself against the alleged irregularities in his conduct, Dr. Allen said, doubtless the members of the society were loth to take any measure which would appear hasty or unfair, and he therefore offered, as obviating any difficulty in this direction, the following:

Resolved, That a committee be appointed to investigate the recent action of the Legislature towards the State Homœopathic Insane Asylum at Middletown, to determine the importance of the changes that have been made, to take whatever action may be necessary in the matter, and report at the next annual meeting of the society; and further:

Resolved, That the committee consist of Drs. John F. Gray, and Carroll Dunham, with the president of the society as an *ex officio* member.

A lengthy debate followed the reading of these resolutions, which was participated in by Drs. A. R. Morgan, A. B. Conger, E. M. Kellogg, Carroll Dunham, John F. Gray, F. L. Vincent, W. S. Searle, J. C. Minor, and Egbert Guernsey. The latter gentleman read to the members the following communication received by him from the president of the Board of Trustees of the asylum at Middletown:

In reply to your question as to the effect produced by the recent change in the Board of Trustees of the Homœopathic Insane Asylum at Middletown, I would say, that it has been in every respect of great benefit. Although entirely ignorant of the proposed change until it was effected, and disposed at first to withhold my sanction of it, I am now fully convinced that it was a wise movement. A quorum of the board can now be always had, and the various committees have no difficulty in getting together and transacting their business with dispatch. This could not be the case unless a number of the trustees resided in and near Middletown, as is now the case.

I am glad also to say that the new members of our board are gentlemen of energy and standing, and seem to be animated by the one desire to make this institution a model of its kind, and to resist any and all attempts to divert it from its present system of management. You may be sure that if any such change were even hinted at, I should not be silent. Very truly yours,

FLETCHER HARPER, Jr.

The resolutions as offered by Dr. Allen, were finally adopted.

Dr. A. B. Conger, member from Rockland Co., and former president of the board of trustees of asylum, then made a lengthy argument in favor of taking immediate action in regard to the clause of the charter which was stricken out, and which reads, "adherents of homœopathy," and relates to the persons who are eligible as trustees. At the conclusion of his remarks, he introduced the following resolution, which was adopted:

Resolved, That in view of the recent action of the State Legislature in regard to the State Homœopathic Asylum at Middletown, the society declared:

First—That subversion of the rights of the homœopaths of this State and country, who were subscribers to the private funds of the asylum and who were the virtual donors of the property to the State, has been thereby effected.

Second—That the State, in accepting two hundred acres of land, and undertaking to add to the private foundation of the asylum a munificent donation, nevertheless bound itself in good faith to conserve forever the clause in the charter that all further vacancies should be filled by those who are adherents of homœopathy.

Third—That the nomination of four laymen from the locality who are non-adherents of homœopathy and the present constitution of the board by a majority of allopaths, was a practical violation of the charter.

Fourth—That the interests of the asylum, the only chartered institution in the State, nation, or world, demand that the trustees be representative men in the ranks of homœopathy throughout the State.

Fifth—That it is the duty of all adherents of homœopathy throughout the State to urge upon the members elect of the next legislature the duty of the State to regain its good faith toward the fraternity in the repeal of the clause, "proper persons," as designating the character of the persons from whom trustees designed to fill vacancies are to be selected, and restore the old adherents of homœopathy.

After this, Dr. Dunham presented the following resolutions, which were also adopted:

Resolved, That the special committee just appointed be and they are hereby instructed to lay before the legislature at the beginning of its next session the resolutions adopted by the State society, together with a memorial setting forth the injustice done to the homœopaths of the State by the act of the last legislature relating to the State Insane Asylum, and requesting the restitution in the charter of the clause requiring that the trustees be adherents of homœopathy.

Resolved, That until that committee report to the State Society on the charges against Dr. H. M. Paine, he be and is hereby suspended from the responsible position which he now holds as chairman of the committee on legislation.

The meeting then adjourned for the day, not, however, until after the acceptance of an invitation from the Medical Board of the homœopathic hospital on Ward's Island, inviting the members to visit that institution, and partake of a luncheon.

SECOND DAY.—MORNING SESSION.

The society was called to order promptly by the president, at 9.30 o'clock.

Dr. E. M. Kellogg offered the following resolution, which was adopted:

Resolved, That a standing committee of five be appointed, to take cognizance of all matters relating to the State Homœopathic Asylum for the Insane at Middletown; to present names to the Governor for any vacancies that may occur from time to time in the board of trustees, and to protect generally the interests of the State society in said asylum.

Dr. E. D. Jones, of Albany, C. H. Billings, of Troy, H. V. Miller, Syracuse, E. M. Kellogg and H. D. Paine, of New York, were appointed as members of said committee.

After some discussion in reference to publication of State transactions, the session of the special meeting was declared closed, and the regular meeting announced as open for business.

The reports of bureaus was in order.

Dr. George S. Norton, chairman of Bureau on Ophthalmology, was first in order, and presented the following papers: *Catarrhal Conjunctivitis*, by Dr. Wm. P. Fowler, Rochester, N. Y. *Ophthalmia Neonatorum*, by Dr. Norton. Dr. T. F. Allen, chairman of Bureau on Materia Medica, presented a paper on the *Proving of Saponin*, by Arthur T. Hills, M. D. This monograph, which contains an account of the plant *saponaria*, and its active principle, *saponin*, with some of the history of the introduction of this substance into the materia medica of the old school, contains also twenty different provings. Dr. Allen also presented a single proving of *jaborandi*. This substance, as is well known, has received considerable attention at the hands of the old school, who have made numerous experiments upon men and animals. It possesses the remarkable property of inducing within a few minutes the most copious diaphoresis and salivation, as well as profuse secretions from most of the glandular structures of the body. It has been lately shown that *belladonna* effectually antidotes the action of this substance. It is a noteworthy fact that in some cases *jaborandi* produces no sweat and no salivation, but in a series of symptoms which

might be expected to accompany a suppression of all secretions; these symptoms are very similar to those produced by *belladonna*. In the proving which Dr. Allen presented, a condition was produced, so distressing that the prover was obliged to take *belladonna* in order to mitigate the severity of the symptoms, having no knowledge at the time of the properties of the drug, or of the antidotal power of *belladonna*.

Dr. Allen, as chairman, called the attention of the society to the fact that we have no knowledge concerning the action of *cinnamon* upon the human economy, and he wished at this time to obtain from the members of the society all the information possible concerning its empirical application, and especially concerning its power of arresting hemorrhages. It is greatly regretted that this apparently so valuable drug, has not as yet found a place in our materia medica, and the bureau would suggest that as the drug is in common use among practitioners, and seems to be an effective agent for the control of hemorrhages, provings be undertaken in different parts of the State, and upon both sexes, in order that we may arrive at positive knowledge concerning its effects, and be enabled to use it with greater accuracy for the cure of the sick. The doctor had heard it stated by some physicians that the drug is apparently more potent when used in connection with *sulphuric acid*. It would seem to be accounted for by the supposition that *sulphuric acid* unites with the active principle of the drug, rendering it more soluble and more speedy in its action, for the *cinnamon* contains no *alkaloid*, and its principle is an essential oil, which does not combine with *sulphuric acid* to form a soluble compound. Such a composition, doubtless, owes its efficacy to either the *cinnamon* or *sulphuric acid* separately, and not in combination.

Dr. Houghton, of the Bureau on Otology, presented and read a paper on "Galvanism: its value in the treatment of Deafness."

Dr. Minor, of the Bureau of Gynaecology, presented several specimens of ovarian tumors removed. Recommended *electrolysis* as a means of cure, at least its employment before recourse to operation.

Dr. Emma Scott read a paper recording "Treatment of six cases of Procidentia Uteri."

Dr. H. V. Miller, Syracuse, chairman Bureau Clinical Medicine, reported "Repertory on Cepha-

lalgia;" *nitrate of uranium* in Bright's disease, by T. Quick, M. D., Harlem; *lactic acid, nitrate of uranium*, and other remedies in diabetes. A case of malignant diphtheria, by J. Ralsey White, M. D.; also other clinical records of great interest.

Dr. Lilienthal, of the Bureau of Mental and Nervous Diseases, reported a case of *paralysis agitans*.

All the above and minor bureaus not yet heard from, were submitted to publishing committee.

Adjourned.

Bibliographical.

1. THE ENCYCLOPEDIA OF PURE MATERIA MEDICA. A Record of the Positive Effects of Drugs upon the Healthy Organism. Edited by Timothy F. Allen, A. M., M. D. Vol. II. New York: Boericke and Tafel, Publishers, 145 Grand street.

2. MATERIA MEDICA AND SPECIAL THERAPEUTICS OF THE NEW REMEDIES, by Edwin M. Hale, M. D. Vol. II. Therapeutics. New York: Boericke and Tafel, Publishers.

WE find on our table, from the well-known publishing house of Boericke and Tafel, two works, one the second volume of the "Encyclopedia of Pure Materia Medica," edited by Dr. Allen; the other the second and concluding volume of the work on "Materia Medica and Special Therapeutics of the New Remedies," by Dr. E. M. Hale. It is always a pleasure to open a work from the publishing house of Boericke and Tafel. Their work is always well done. The clear page, the open type, the beautiful and substantial binding, like the elegant service of a well-appointed dinner-table, stimulates the appetite for the feast. It certainly is not their fault if a work issued by their house is not received with favor. There is a positive need of a well-digested work on materia medica and therapeutics, in which the marked characteristics of a drug are so clearly and strongly brought out as to leave an impression on the mind so distinct, that when brought face to face with disease in its various forms and phases, we at once recognize its counterpart in some drug which has formed a part of our studies. An artist, with a few strong lines, will sometimes produce an effect by the life-like reality of the picture, which nothing can efface from the mind. Another artist, by his conscientious devotion to detail, in which every minute point is carefully worked out, destroys the general effect, and leaves no marked impression of any one point strongly impressed upon the mind.

Who that has watched a man under the poisonous influence of aconite, or arsenic, or strychnia, will ever forget the impression produced; and when that impression is deepened and strengthened by the revelations of the knife, and the microscope, and the test tube, he does not need the minute detail of every little symptom to enlighten him as it regards the action of the drug. If he has studied physiology as he should have done, a few leading points opens up the whole picture as with a lightning's flash.

Dr. Allen's Encyclopedia is, like a pre-Raphaelite picture, in which is given the precise form and color of every blade of grass, of every leaf with all its delicate tracery, of every flower with each tint, and petal, and stamen, represented with the most conscientious accuracy. To those who have time to sit down before the picture, and study out all these details—to count the particles of pollen, the blades of grass, the petals of the flowers, the delicate tracery of the leaves, and see that not one is missing, the employment may be pleasant and profitable. He will very likely find that the grasses are strangely mixed; that they have been rendered not always in the order in which they grow; that they have been painted in from separate studies, and that in the massing of his picture he has sacrificed light and shade, and atmospheric effects, and strong outlines, to the minute delineation of little points, which the intelligent mind would have filled in much more in harmony with nature, than he has done with all his care. In his great desire to be true to nature, he has left out the soul of the picture. It neither lives nor breathes, but stands before us a confused mass, in which accurate copies of grasses and furze, and mosses, are set down here and there, without any regard to order or general effect.

Is it then asked, do you consider Dr. Allen's encyclopedia a failure? No, not a failure. It will have its use. We are strongly inclined to think, however, that after a few attempts by the busy practitioner, to sift out from this wild confusion of material, the few facts which he needs, the book will be consigned to the shelf, only to be opened occasionally for here and there a separate individual symptom. To the maker of books it will be a mine of wealth, and as a work of reference, it will undoubtedly fill in our libraries a needed place, but if it was the intention to make it a practical work, to be used freely in our daily labor, to form a large part of our medical food, it is a most decided failure.

In the busy whirl of life, in the rapidly accumulating cares of our profession, when the days are hardly long enough to accomplish our work, we have no time to grope through a mountain of chaff for the kernels of wheat we need. If every man had to thrash his own wheat, and sift out the chaff, and grind the wheat into flour, and mix it into bread, half of us would starve, and things which we were much better fitted to do would be

left undone. But when by a proper division of labor the material is made ready for our hand, we, by an accurate knowledge of its nature and its qualities, adapt it to those uses which the researches of science and practical observation lead us to suppose will accomplish the most good.

Few men have either the time or ability to be in all cases their own book-makers. What they want is condensation, *multum in parvo*, the facts clearly and plainly expressed, and grouped together in such a way as to form a living picture, something they can readily seize hold of, and apply to its use. It seems to us that Dr. Allen has mistaken his vocation. He is doing work which is mostly clerical, and which men without one-tenth part of his ability, could do just as well, and even better. If we must have gathered together in a vast encyclopedia the provings of drugs from the hyssop on the wall to the cedar of Lebanon, from the two hundred thousandth dilution of skim milk to the forty thousandth potency of the hide of the red deer, let the work be done by some one who has nothing better to do, and who is in want of a job, but let such men as Dr. Allen bring the logical powers of a well trained mind to simplifying our materia medica, bringing order out of chaos, and strength and harmony out of confusion. No one knows better how to do this work than Dr. Allen, and we shall gladly welcome him in a field better suited to his talents.

From this bewildering symptomatology, in which the ground seems slipping from beneath our feet, and the sky is darkened by a wild storm of symptoms hurtling through the air, and beating upon our poor brain until it is almost wild, we turn with a feeling of hope to our old friend Hale, and his "Therapeutics of the New Remedies." Thank God, for this heath from the woods, this fragrance from the groves; these bright, shining crystals, all of which tell us we are once more face to face with nature.

Dr. Hale includes in his New Remedies those drugs whose specific action has been more particularly introduced to the profession within the last few years. Of course, the list contains many drugs of comparatively little value, and which will never find any permanent place in our repository. In a large number, some of which are in almost daily use, he has given us very careful clinical studies, confining himself not merely to symptomatology, although that is by no means neglected, but giving us the physiological action, empirical uses, and the careful clinical observations of himself and many others in both schools. This clinical record, in which the specific action of a drug is more clearly and distinctly defined, by careful observation at the bed-side, than it could be by a most careful proving on the healthy organism, is of great value to the busy practitioner. It does not take away in the least the necessity of the most careful proving, but it gives us valuable information upon the best forms of administration, and reveals many lights and

shades of great delicacy perhaps, and yet of such importance, that they form an index as to the real nature of the disease, and point out in the light of careful provings, the specific treatment.

Such remedies as *Baptisia*, *Gelsemium*, *Cactus*, *Iris*, *Hydrastis*, *Phytolacca*, *Podophyllum*, *Viburnum*, *Veratrum-vir*, we should expect to find carefully treated, for most of these have proved themselves of such benefit that we should scarcely know how to get along without them; but we find also a large number of other remedies, less known to the profession, but which bids fair, some of them at least, to take equal rank with our older and most important remedies.

A very good description is given of *Picric Acid*, the new remedy recently introduced to the profession by Dr. Allen, through his class in college, including a carefully prepared paper by Dr. S. A. Jones. Dr. Jones gives the results not only of careful observations of the symptoms of animals poisoned by the drug, but the revelations of the microscope on the brain and nerve centres. Dr. Jones thinks the drug takes a position between *phosphorus* on the one side, and *argentum nitricum* on the other, the closer relationship being to the silver salt.

We are glad to see a careful and scientific discussion of *quinine* as a homœopathic remedy. Why our school should be so much afraid of it, we could never understand. Some of them would let their patients shake for weeks, wandering all over creation for drugs to meet individual symptoms, neglecting what is often the great specific, simply because it has been used and abused by the allopathic school. It is about as sensible a proceeding as that of the old reformers when they broke the stained windows, and mutilated the exquisite carvings in the churches, because they had been used by the papists; sweeping away in perfect horror the good as well as the bad, in that grand old ritual which had lived for centuries, and which, with all its faults, had bridged over the darkness of the middle ages, and cheered and guided in their upward path some of the noblest saints the world has ever seen. Our school has reached an age, and gained strength, when the cry of "wolf! wolf!" does not frighten us. It takes its stand to-day as the great conservative school of the age, ignoring alike both extremes, the materialism on the one hand, and the transcendentalism on the other. Like the noble Chillingworth, it says, "I will take no man's liberty of judgment from him, nor shall any man take mine from me, and what measure I meet out to others, I expect from them again."

We are glad to see, holding up their heads, side by side with older remedies in our homœopathic therapeutics, the *arseniates*, the *bromides*, the *iodides*, the *phosphates*, the *hypophosphates*, *nitrate of amyl*, *chloral hydrate*, and other beautiful chemical combinations, which, during the past few years, have revolutionized the therapeutics of the allopathic school, and swept them

onward as on the crest of a great tidal wave, towards a more enlightened and scientific treatment. These drugs find their true place in our therapeutics, and in our more careful hands will be less liable to abuse, than in the hands of those who use them from a merely physiological standpoint.

The two books which form the subject of this review, will probably find a place in most of the libraries of our school, but Dr. Hale's book will occupy a place on the table for daily consultation, while Dr. Allen's book will be packed away on the shelf, and only opened for occasional reference.

TO OUR FRIENDS.

EVERY physician knows that the surroundings of a sick room have much to do, not only with the comfort but the cure of the patient. It is often necessary to act upon the body through pleasant impressions on the mind. Recognizing this fact, the Medical Staff of the Homœopathic Hospital on Ward's Island wish to make the wards of the hospital pleasant, cheerful, and home-like. To do this, they want pictures to light up the bare walls, and a thousand little things which might easily be spared from homes of comfort and luxury, or which ladies could readily make in their leisure moments, and which would do much to bring the light and warmth of a refined home into these hospital wards. The staff urgently solicit their brothers in the profession to aid them in this work, by mentioning the matter among those of their friends whose hearts are ever open to good works.

Contributions may be directed to the Board of Charities and Corrections, or to any member of the staff.

NOTICE.—The homœopathic physicians of the city should provide themselves with blanks as issued by the Commissioners of Charities and Correction, that they may, whenever a charity patient presents himself to their notice as requiring hospital treatment, send him to the authorities armed with the proper certificate to insure his admission to the hospital on Ward's Island. The blanks can be procured of Mr. G. G. Kellock, at the Department of Charities and Correction, corner of Third Avenue and 11th street.

PERSONAL.—Dr. E. P. Fowler, who spent the early part of the summer in Europe, returned home August 8th, by the Steamer *Gellert*, of the Hamburg line. Since that time the Dr. has been in Rochester, N.Y., and the White Mountains. He is now in the city for the winter.

Medical Items and News.

SEMI-CENTENNIAL CELEBRATION OF THE INTRODUCTION OF HOMŒOPATHY INTO THIS COUNTRY.—According to the arrangements of the Committee, the evening of September 21st was set apart to celebrate the above event, and a fine audience assembled at the Ophthalmic Hospital building for that purpose. Dr. Moffat, of Brooklyn, called the meeting to order, and nominated Dr. John F. Gray, the only pioneer practitioner left among those who practiced in this city prior to 1834, to occupy the chair. Dr. B. F. Joslin, President of the New York County Society, and Dr. Perrine, President of the Kings County Society, acted as Vice-Presidents. Dr. P. P. Wells, of Brooklyn, was the first speaker. He gave a historical sketch of ancient medicine, and dwelt particularly upon the methods of treatment in vogue half a century ago, when Dr. Gram first introduced the new school to the knowledge of the American people. The question at that time with the "old school" was, "how much medicine can the patient bear?" The question with the "new" was, "how little will cure?" Dr. Gray followed with sketches of Gram, Wilson, Channing, Hull, and other pioneers of the homœopathic ranks. Dr. Dowling read a history of homœopathy in the United States. Other speakers followed, among whom were Drs. Carroll Dunham, T. F. Allen and S. A. Jones. Letters of regret were read from the venerable William Cullen Bryant and Mayor Wickham.

HOMŒOPATHIC CHARITY HOSPITAL, WARD'S ISLAND.—We give below the names of the officers of the staff, members of committees, and the days of service of the gentlemen who are to serve during September and October. President, Dr. Egbert Guernsey; Vice-President, Dr. W. H. White; Secretary, Dr. Alfred K. Hills; Chief of Staff and Resident Physician, Dr. S. H. Talcott. The Committee on Inspection consists of Drs. Wetmore, T. D. Bradford and Dowling. The Examination Committee is composed of Drs. Bacon, Minor, Hills, Doughty, and F. S. Branford. Drs. Wood, Belcher, Demarest and Burdick, are on the committee on Medical Supplies. Drs. Throop, Thompson and Barghaus, form the Diet Committee. The committee on Clinical Record is composed of Drs. Lilienthal, Norton and Carleton; and the committee on Clinical Study consists of Drs. Helmut, Paine and Fowler. The following gives the plan of service:—Dr. Dowling, Monday, Wednesday, Saturday or Sunday; Drs. Guernsey, White and Doughty, Mondays, Wednesdays and Fridays; Dr. Burdick, Tuesday, Thursday and Saturday or Sunday; Drs. Hills, Belcher and Minor, Tuesdays, Thursdays and Saturdays.

ONE of the pleasantest features of the recent meeting of the State Society in this city, was the reception of that body and invited guests, by the Medical Board of the Homœopathic Hospital at that institution on Ward's Island. Over one hundred persons were present, and among the number, Mayor Wickham, Mayor Hunter, of Brooklyn; Commissioners Bailey and Brennan, Samuel H. Wales, Ex-Judge Henry Hilton, Rev. O. B. Frothingham, Edmund Dwight, Sinclair Tousey, Rev. Dr. Mandeville, and others. Dr. Guernsey welcomed the guests, and Mayor Hunter, Isaac H. Bailey, Dr. McDonald, of the Insane Asylum, and Rev. O. B. Frothingham, responded for the company in appropriate speeches. The party returned, after a bounteous collation, well pleased with their visit, and wishing every success to the Medical Board who have the new enterprise in charge.

THE profession throughout the city and state are hereby notified that the services of several young men are desired as Assistants or Internes at the Homœopathic Hospital, Ward's Island. The term of service will expire May 1st, when reappointments will be made, or a new staff selected. Apply to A. K. Hills, 33 West 23d Street, New York City.

Publishers' Department.

RESUMPTION of confidence—Hard Money—Relief to Physicians.—J. J. O'BRIEN, Steam Book and Job Printer, 397 Fourth Avenue, is a hard worker on a close margin for cash. The TIMES gives their printer the best recommendation to physicians who would save money and annoyance, in the printing of business cards, headings for note paper, envelopes, &c. His box is open for orders daily from sunrise to sunset.

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